

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
XIAO	CATHERINE	Z.	(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 599-2879
707 RICHARDS STREET, PH2			EMAIL cxiao@hah.org
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

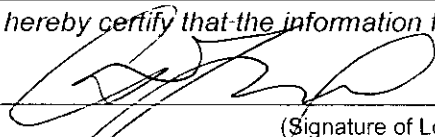
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
HEALTHCARE ASSOCIATION OF HAWAII		(808) 521-8961
MAILING ADDRESS (Street)		FAX (808) 599-2879
707 RICHARDS STREET, PH2		EMAIL
(City)	(State)	(Zip Code)
HONOLULU	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
LESLIE T. HO		(808) 521-8961
MAILING ADDRESS (Street)		FAX (808) 521-8961
707 RICHARDS STREET, PH2		EMAIL lho@hah.org
(City)	(State)	(Zip Code)
HONOLULU	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

8/12/13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME EMILIE SMITH		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED CHAIR, BOARD OF DIRECTORS	
NAME OF ORGANIZATION (if applicable) HEALTHCARE ASSOCIATION OF HAWAII		TELEPHONE (808) 521-8961	
MAILING ADDRESS (Street) 707 RICHARDS STREET, PH2		FAX (808) 599-2879	
		EMAIL	
(City) HONOLULU	(State) HI	(Zip Code) 96813	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

8/12/13

(Date)